



June 8, 2006

Dear Applicant:

The Department of Health is accepting applications to fill a vacancy on the Board of Nursing Home Administrators (BNHA). Currently, there is one vacancy for a Washington State licensed Nursing Home Administrator position. The department is looking for a public-spirited individual willing to study the issues and to make decisions in the best interest of the public.

We seek diversity in our board members and recognize the value diversity brings in understanding and serving the people of Washington State. The Governor's Office and the Department encourage member selection to reflect diversity and provide geographic representation from throughout the state.

The BNHA consists of nine (9) members appointed by the Governor. This membership is as follows: four members licensed under chapter 18.52 RCW who have at least four (4) years actual experience in the administration of a licensed nursing home in this state immediately preceding appointment to the board and who are not employed by the state or federal government; four members who are representatives of the health care professions providing medical or nursing services in nursing homes, or employed by educational institutions who have special knowledge or expertise in the field of health care education or long-term care or both, or who care for the aged and chronically ill; one member who is a resident of a nursing home or a family member of a resident or a person eligible for Medicare.

The BNHA meets approximately four (4) times a year. Historically, these meetings have been scheduled on a Friday in the months of February, May, August and November. The BNHA operates under a legislative mandate to protect the health and safety of the public and to promote the welfare of the state by regulating the competency and quality of nursing home administrators under their jurisdiction.

If you are interested in applying for an appointment to the Board of Nursing Home Administrators, please forward a copy of the enclosed application form as well as a resume to:

Office of the Governor, PO Box 40002, Olympia, WA 98504-0002 or fax to: 360 753-4110

Please be sure to indicate that you are applying for a position with the Board of Nursing Home Administrators.

Applications must be received **no later than July 15th, 2006**.

A profile of the requirements to serve as a board member and the roles and responsibilities, including time commitments is also provided for your information.

Your thoughtful consideration of this request is appreciated. If you have any questions about serving on the Board of Nursing Home Administrators, please feel free to contact me at 360-236-4723.

Sincerely,

Kendra Pitzler
Program Manager
Board of Nursing Home Administrators
Health Professions Quality Assurance

Enclosures

Board Profile

What are my responsibilities as a board member?

You have a responsibility to several groups.

1. To the general public. Consumers expect that licensees will be qualified to perform properly and safely. They expect a fair method of settling complaints that may arise with a licensed practitioner. They have a right to know what's going on within the board.
2. To potential licensees. A person who wishes to earn his/her living in an occupation should not be kept out unreasonably. That person should have easy access to all information about entering the profession, including testing and/or transferring a license to or from another state.
3. To other board members and staff. You have a responsibility to listen to them and to consider their views and contributions. You are responsible for helping to determine good policy and helpful procedures, for contributing to fair determination of problems, for helping the board operate most effectively and efficiently and for completing tasks assigned to you in a timely manner.

What are the requirements for service on the Board?

1. A demonstrated interest in public service. Common sense and a willingness to ask questions. Do the policies, procedures, and decisions of the board seem sensible? If not, say so and ask for clarification. You are responsible for how your board operates. If you are not sure about something and you do not ask, you are not being responsible.
2. A commitment to attendance. Consistent attendance is essential to keeping informed about what is going on and to providing direction and support. An individual who accepts an appointment to a board and does not take seriously the duty to be there regularly and actively, does a disservice to the board and to the public he/she is supposed to represent.
The Board of Nursing Home Administrators meets four (4) times per year. In addition, Board members are required to participate in case dispositions, case reviews, and on-site visitations.
3. Assertiveness. Respect your own rights and needs as well as those of others.
4. A willingness to become informed about the board structure and resources. Find out how the Department and the Attorney General's Office work in relation to your board and investigate other available resources.
5. Fairness. As a board member, you may be asked to make significant policy and disciplinary decisions. Board members must strive for fairness in all decision making.

CHRISTINE O. GREGOIRE

Governor



OFFICE OF THE GOVERNOR

P.O. Box 40002 ♦ Olympia, Washington 98504-0002 ♦ (360) 902-4111 ♦ Fax 360 753-4110 ♦ TTY/TDD (360) 753-6466

Message from Governor Gregoire

Thank you for your interest in serving on a Washington State board or commission. Boards and Commissions are designed to give citizens a voice in their government and provide a means of influencing decisions that shape the quality of life for residents of our state. Participation on a board or commission is an effective way for individuals to help make government more responsive to its citizens.

Washington State has over 200 boards and commissions to which I appoint citizen members. Appointees are responsible for advising the governor, the legislature and state agencies. In some cases, a board or commission may be responsible for setting state policy and determining how the state's limited resources should be divided. I take great pride in appointing qualified, responsible members who reflect the diverse lifestyles of our state and who hold a strong belief in the public process.

Please complete the attached Application for Gubernatorial Appointment to a Board or Commission and return it, with a current résumé, to my Olympia office. Once your application has been received, my staff will notify you of the status of your application.

Again, thank you for your interest. Your willingness to serve the citizens of our state and to play such an important role in state government is deeply appreciated.

If you have any questions, please contact Gayatri Eassey, Governor's Special Assistant for Boards and Commissions, at (360) 902-4111.



STATE OF WASHINGTON
OFFICE OF THE GOVERNOR

Application for Gubernatorial Appointment to a Board or Commission

This form can be obtained electronically at <http://www.governor.wa.gov>, or by calling the Governor's Office at: (360) 902-4111.

Please return your completed application along with your resume to:

Office of the Governor, PO Box 40002, Olympia, WA 98504-0002 or fax to: 360 753-4110

Board(s) or Commission(s) for which you would like to be considered:

Name: _____

Business Contact Information

Home Contact Information

Business
Address: _____

Home
Address: _____

County: _____

County: _____

Business Phone: _____

Home Phone: _____

Business Cell: _____

Home Cell: _____

Business Fax: _____

Home Fax: _____

Business E-mail: _____

Home E-mail: _____

May we contact you via e-mail regarding the status of your application? ☐ Yes ☐ No

How may we best
contact you? ☐ Business Phone
☐ Business Cell
☐ Home Phone
☐ Home Cell

Are you registered to vote in Washington State? ☐ Yes ☐ No
Legislative
District of
which you
reside: _____
Congressional
District of
which you
reside: _____

Birth Date: ____/____/____

*Your Legislative and Congressional District can be found on your Voter Identification Card

Have you ever been convicted of or found to have committed a crime or offense? (Do not include traffic offenses for which the fine was less than \$200.) ☐ Yes ☐ No

If "Yes," please attach an explanation to this application.

Education (high school, name and location of college or university, year graduated, and degree):

Current employment (job title, employer, employment date, contact, phone):

Licenses held (if applicable):

Professional References (name, title, relationship, contact phone number):

1)

2)

Personal References (name, title, relationship, contact phone number):

1)

2)

Previous employment or experience:

Memberships in professional, civic organizations or government boards or commissions (please include offices held and dates of terms):

Community service/volunteer activities:

Could you or any member of your family be affected financially by decisions made by the board or commission for which you are applying? ☐ Yes ☐ No

If "yes," explain:

Boards and Commissions meetings are held during the day. Are you able to come prepared and actively participate in day meetings?

☐ Yes ☐ No

Why do you want to serve on this particular Board or Commission(s)? Please attach your explanation to this application.

Personal Information:

☐ Female ☐ Male

Of what race or ethnicity do you consider yourself to be?

☐ Black/African-American

☐ White/Caucasian

☐ Latino(a), Hispanic, or Spanish?

☐ Asian or Pacific Islander American

☐ American Indian or Alaska Native

If you are Latino(a), Hispanic, or Spanish, please check one box below:

If you are Asian or Pacific Islander, please check one box below:

If you are American Indian or Alaska Native, please check one box below:

☐ Mexican, Mexican-American, Chicano

☐ Chinese

☐ Korean

☐ Eskimo

☐ Puerto Rican

☐ Vietnamese

☐ Japanese

☐ Aleut

☐ Cuban

☐ Filipino

☐ Other: _____

Enrolled or principal tribe if American Indian:

☐ Other Latino(a), Hispanic, or Spanish
Enter group, such as Colombian, Dominican, etc.

☐ Asian Indian

Tribe: _____

Group: _____

☐ Other Race: _____

Do you have a permanent physical, sensory, or mental condition that limits your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, and learning? ☐ Yes ☐ No

If "Yes," please attach an explanation to this application.

Have you ever been on active duty in the U.S. Armed Forces? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

If "Yes,"

Type of Discharge _____

Branch of Service _____

Campaigns _____

The above information is optional and not necessary to complete your application.

I hereby authorize that my criminal record history and tax records be released to the Governor or the Governor's representative and certify that the information provided in this application is true, correct and complete to the best of my knowledge.

Signature:

_____/_____/_____